Bureau of Health Care Quality & Compliance

		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		NVS109AGC		B. WING		03/	18/2009
NAME OF PROVIDER OR SUPPLIER CHERUBS RETIREMENT HOME			2624 VALP	ET ADDRESS, CITY, STATE, ZIP CODE I VALPARAISO STREET VEGAS, NV 89108			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 3/18/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility is licensed for 6 total beds, classified as Category 2 beds. The facility has the following endorsement: Residential facility for elderly or disabled persons Residential facility for persons with mental illnesses The census at the time of the survey was 6. Six sample resident files were reviewed and 4 employee files were reviewed.		ed as	Y 000			
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			ified				
			rsons				
			Six				
	by the Health Divisio prohibiting any crimin actions or other clain	nclusions of any investig in shall not be construed nal or civil investigations ns for relief that may be y under applicable feder	d as s,				
	The following regulation identified at the time	tory deficiencies were of the survey.					
Y 070 SS=F	449.196(1)(f) Qualific training	cations of Caregiver-8 h	ours	Y 070			
	NAC 449.196 1. A caregiver of a refacility must: (f) Receive annually hours of training rela	not less than 8					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
CHERLIPS DETIDEMENT HOME 2624 VAL			2624 VALP	DDRESS, CITY, STATE, ZIP CODE LPARAISO STREET GAS, NV 89108			
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Y 070	Based on record rev failed to ensure 3 of hours of annual train #3). Severity: 2 Scope	residents of a ot met as evidenced by iew on 3/18/09, the facil 4 caregivers received e ing (Employee #1, #2 a e: 3	ity ight	Y 070			
SS=F	NAC 449.200 (1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.		ach :lude:	1 190			
	Based on record rev failed to ensure 2 of NAC 441A.375 regal (Employee #2, and #6 residents (Resident This was a repeat de State Licensure surv	ot met as evidenced by iew on 3/18/09, the facil 4 caregivers complied virding tuberculosis testin 43) for the protection of 6 at #1, #2, #3, #4, #5 and deficiency from the 7/15/0 rey.	ity vith g 6 of #6).				
Y 105 SS=D	449.200(1)(f) Persor	nnel File - Background C	Check	Y 105			

PRINTED: 04/07/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS109AGC 03/18/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2624 VALPARAISO STREET CHERUBS RETIREMENT HOME** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 105 Continued From page 2 Y 105 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 3/18/09, the facility failed to ensure 1 of 4 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #4). This was a repeat deficiency from the 7/15/08 State Licensure survey. Severity: 2 Scope: 1 Y 106 449.200(2)(a) Personnel File - 1st aid & CPR Y 106 SS=D NAC 449 200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.

This Regulation is not met as evidenced by: Based on record review on 3/18/08, the facility failed to ensure 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation

(Employee #4).

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING _ NVS109AGC 03/18/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

2624 VALPARAISO STREET

CHERUBS	RETIREMENT HOME	2624 VALPARAISO STREET LAS VEGAS, NV 89108			
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Y 106	Continued From page 3	Y 106			
	Severity: 2 Scope: 1				
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change orde	Y 878			
	NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribe the physician. If a physician orders a change the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in administration of the medication shall: (1) Comply with the order.	e in			
Y 898 SS=B	This Regulation is not met as evidenced by: Based on record review and interview on 3/1 the facility failed to ensure 2 of 5 residents received medications as prescribed (Resider and #5). Severity: 2 Scope: 1 449.2744(1)(b)(4) Medication / MAR	18/09,			
	NAC 449.2744 1. The administrator of a residential facility the provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered each resident. The record must include:				

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING

> B. WING ___ NVS109AGC 03/18/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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2624 VALPARAISO STREET

CHERUBS RETIREMENT HOME		LAS VEGAS, NV 89108			
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Y 898	Continued From page 4 (4) Instructions for administering the medication to the resident that reflect the cur order or prescription of the resident's physician structure.				
This Regulation is not met as evidenced by Based on record review on 3/18/09, the fact failed to ensure the medication administration record (MAR) was accurate for 2 of 5 residences (Resident #1, and #5).		lity on			
Y 936 SS=E	Severity: 1 Scope: 2 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for ear resident of a residential facility and retained least 5 years after he permanently leaves the facility. The file must be kept locked in a plathat is resistant to fire and is protected again unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related the resident, including without limitation: (e) Evidence of compliance with the provision chapter 441A of NRS and the regulations adopted pursuant thereto.	for at e ice ist			
	This Regulation is not met as evidenced by: Based on record review on 3/18/09, the facil failed to ensure 3 of 6 residents complied wi NAC 441A.380 regarding tuberculosis (Residue), #3 and #6) which affected all residents. Severity: 2 Scope: 2	lity th			

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